



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stan Gronthos et al.

Serial No. : 10/551,326 Examiner: K.T. Hiriyanna

Filed : March 30, 2006 Group Art Unit: 1633

For : PERIVASCULAR MESENCHYMAL PRECURSOR CELL INDUCED BLOOD

VESSEL FORMATION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 7, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	20 -	* 61 =	*** 0 X	\$26	\$52	=	0	
Independent Claims	2 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 - ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 - *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

X An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes X No _____
and a fee of \$ 180.00 included)

X A Petition for an Extension of Time, including a fee of
\$ 245.00 for a Petition for 2 Month(s) Extension of Time

_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 425.00

X A check in the amount of \$ 425.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
X	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

John F White

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White 4/2/09

John P. White Date
Reg. No. 28,678